

FILED
Apr 06, 2001 8:00 am
Secretary of State
04-06-2001 90015 021 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000017960

1. Entity Name

The Photo-Documentary Press, Inc.

Principal Place of Business

Mailing Address

4136 Burlington Ave N
St. Petersburg, FL 33713

2. Principal Place of Business

3. Mailing Address

Home 4136 Burlington Ave N

4136 Burlington Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A0043230

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Pete, FL

4. FEI Number

59-3561852

Applied For

Not Applicable

Zip

33713

Country

USA

Zip

33713

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Beth Reynolds
Documentary Photographer
4136 Burlington Ave. N
St. Petersburg, FL 33713

Name Beth Reynolds

Street Address (P.O. Box Number is Not Acceptable)

City St. Petersburg, FL

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Beth Reynolds

Beth Reynolds

2/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Owner
Beth Reynolds
4136 Burlington Ave N
St. Petersburg, FL 33713

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beth Reynolds

Beth Reynolds

2/2001

727-323-2575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #